MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16923

### CERTIFICATE OF DEATH

16921

					4	0001			
	PLACE OF DEATH	6.			Where deceased fived, if institution: Res	idence before admission)			
	a. COUNTY	alveret	MARYLAND	o. STATE	b. COUNTY	one ALUNDAL			
	b. CITY OR TOWN (	If outside corporate limits,	c. LENGTH OF STAY IN 16		utside corparate limits, write RURAL and				
	write RURAL and	give nearest tawn)	3 years	5/	Adi Side	12.2			
-		AL OR INSTITUTION (If not in h		A CYDEET ADDRESS	A STREET ADDRESS Le. IS RESIDENCE				
		,		0. SINCEL MODINESS		ON A FARM?			
		ext NUKS.	ing Home			AEZ NO M			
	NAME OF DECEASED	First	Middle	Lost	4. DATE Month	Day Year			
	(Type or print)	John	K. AT	well	DEATH DIEC.	11 1966			
S.	SEX	6. COLOR OR RACE 7. N	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNI last birthday) Month	DER 1 YEAR   IF UNDER 24 HRS.			
	m	W	IDOWED DIVORCED	12-7-18	F77 89 yrs. Month	is Doys Hours Min.			
10o	. USUAL OCCUPATION	(Give kind of wark dane	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County	& State, or foreign country) 12	CITIZEN OF WHAT			
dur	ing most of working		INDUSTRY	Baltin	core ind	COUNTRY?			
13.	FATHER'S NAME			14. MOTHER'S MAIDEN					
	71/0	mas /=	ATWELL	SALL	of 7 3hi	plie			
15.	. WAS DECEASED EVE	R IN U.S. ARMED FORCES?		INFORMANT	, Address ,	,			
(Ye	es, no, or unknown)	(If yes give war or dates of servi	215-56-7667 (4	24504 SIMM	MIC Plant to	. Kel.			
-	LIB CAUCE OF DE	EATH (Enter only one cause per		1 2001 -11-11-1	us cy oras	INTERVAL BETWEEN			
		TH WAS CAUSED BY:	time for (a), (b), and (c))	5	P	ONSET AND DEATH			
	1100	IMMEDIATE CAUSE (a) ( Crobe Julimorary Remin 2 deces							
	DUE TO DUE TO								
	Conditions, if ony,	a course (a)	st. Actery	e Cela	nesearl	J+ glass			
stating the underlying cause DUL IO									
	lost.	) (c)_							
2	PART II. OTHER SI	GNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?			
ATIO						YES NO			
CERTIFICATION	20a. ACCIDENT WAS	S UNDERLYING	205. DESCRIBE HOW INJURY OCCURRED	. (Enter nature of injury in	Part I or Part II of item 18.)	6			
CERT	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)			,				
	-	JRY Manth, Day, Year	20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farr	m. 20f. (City or town)	(Caunty) (State)			
MEDICAL	Hour a.r	n.	While Not While for	ctary, street, office bldg., etc.		S. (more)			
100	p,r		atwark L atwark L		10.6.2.	10 - 2 - 1 - 1 - 1 - 1			
	21. I certi	ty that (I) (this haspital	) attended the deceased fram_	6-15	1963 to 12-11	1966 that (I) (we) last			
			1966, and the	at death accurred at	M, fram causes and o				
	220. SIGNATURE	1/2	11	ATTENDING	MED. STAFF - 226	D. DATE SIGNED			
	190	11/1/20	/ "	I.D. PHYS.	DIRECTOR L PHYS. L	2/11/41			
	22c. PHYSICIAN'S NAME (Type		7-	22d. ADDRESS	7-	00			
	www. (14be	176EC.	V = 1 1	1/1/	NEF [PEDI	rick			
230	BURIAL, CREMATIC	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY OF	CREMATORY	23d, LOCATION (City or Town)	(County), (State)			
1	REMOVAL (Specify	12-13.	66 Gundfi	eld	hidlesully	14H Mel.			
24	FUNERAL DIRECTO	R	ADDRESS	25a. REC	D BY REGISTRAR 2Sb. REGISTRAR	100			
1	from Nort	- Frenchalds	our Colesuille	Med DATE D	EC 2 2 1986 PEL	arley Judge			
37	Later Colonia	THE GOLDEN TY	I I MI LIMITED IN 1	Total State of the	= - M M IN IN IN I	- 11 67			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the State Dept. at Health priar to burial, cremation, or remayal, and in any eyent, within 72 hours after death.

VR A15 (4) 20 M 1/66 LA BOUND BOUND

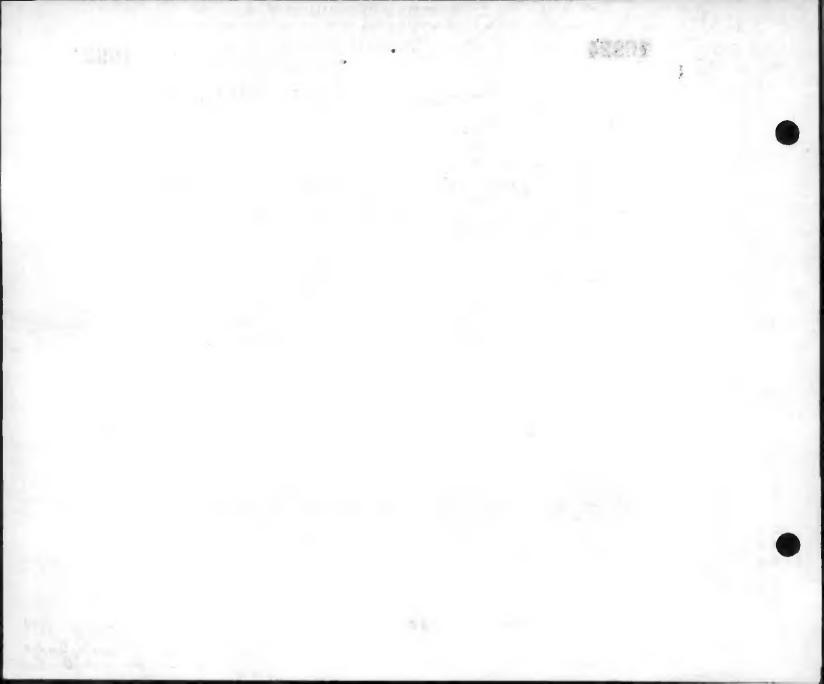
#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Tiem 2 Film G384 12/22/66 mb

16924	MEDICAL EXAMINER	S CERTIFICATE OF DEATH	16922
O. COUNTY COLOR	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, o. STATE Md. Light Through	b. county Calvert
b. CIPY OR TOWN (If offside corporate in first RURAL and give nearest town)	mits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate ) mils,  Dunkirk	write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (I	f not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	First Riddle	relean 4. DATE OF DEATH /	Month Doy Year
S. SEX 8. COLOR OR RACE	7. MARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH  9. AGE (In lost bir	thday) Months Doyse Hours Min.
10a/USHAL OCCUPATION (Give and of work do during most of working life even it retired)	ine 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (profe or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13 FATHER'S HAYAE	W Tranklin	14. MOZER'S MAIDEN NAME	an
15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If yes give wor or dot	es of service) 16, SOCIAL SECURITY NO. 12	7. INFORMANT	Address
18. CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY- IMMEDIATE CAU	Western	toy disen	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove	DUE TO	8	
rise to immediate couse (o), stating the underlying couse last.	OUE TO		
PART II) OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH BUT NOT RELATED	THE TERMINAL DISEASE CONDITION GIVEN IN PART	19. WAS AUTOPSY PERFORMED?
PRIMARY OF CONTRIBUTING CONTRIB	20b. DESCRIBE HOW INJURY OCCURRE	Enter noture of injury in Port I or Port II of ited	n 18.)
20c. TIME OF INJURY Month, Day, Yeor	20d. INJURY OCCURRED While Not While of work	PLACE OF INJURY (Home, form, actory street, of Ke bldg, etc.)	(Stole)
21. I certify that I taak che	irge of the remains described above,		Inquiry , and in my apiniar
			ined manner
ACTUAL 1/2/2/		CHIEF MEDICAL EXAMINER	
SIGNATURE AT IN IN	arg	M.D. ASSISTANT MEDICAL EXAMINER	22/DATE-SIGNED
EXAMINER'S NAME (Type)		DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county	
230. BURMAL, CREMATION, REMOVAL (Specify) 23b. DATE	THEREOF 23c. NAME OF CEMETERY C	A 0 1.	ity or Town) (County) (Stote)
24. FUNERAL DIRECTOR	ADDRESS	250. REC'D BY REGISTRAR DATE DEC 7' 19	256. REGISTRAR'S SIGNATURE GO JUNGE

VR A15ME (5)



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral.

director, page 3 should be detached for use as the burial-transit permit. Then please repress carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and invany event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
16925
CERTIFICATE OF DEATH

11 2. USUAL RESIDENCE (Where deceased lived, if Institution; Residence before

10000	10340
PLACE OF DEATH     a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
	a. STATE b. COUNTY Calvert
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Wordh Booch 14/1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	North Beach d. STREET AOORESS e. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (IT not in nospital, give street address)	d. STREET AUDRESS ON A FARM?
Calvert County Hospital	YES NO 🔀
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
	ADDEN DEATH Dec. 11 1966
5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO	8. OATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS last birthday) Months I Days   Hours   Min.
Female white WIDOWED OIVORCED	Jan. 19,1905 61 yrs. Months Oays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done   10b. KINO OF BUSINESS OR	1 11. BIRTHPLACE (County & State, or foreign country)   12, CITIZEN OF WHAT
during most of working life, even if retired)  NOUSTRY  Domestic	Washington, D. C. COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME
10. PATIEN S NAME	14. MOTRER S MATCEN THATE
John F. Ryder	Mary E. Barry
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. (Yes, no, or unknown)   (If yes give war or dates of service)	INFORMANT Address Maryland
	ward F. McFadden, Box 126, North Beach,
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
DART I DEATH WAS CARRED BY. C.	ONSET AND DEATH
IMMEDIATE CAUSE (a) Junton 300	28cosew
144X OUE TO	
Conditions, if any, which (b) (c) Concine	our - Morin - c
gave rise to immediate	
cause (a), stating the OUE TO Well excells	. Proce
(6)	
FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(8) PERFORMEO?
5	YES NO
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIZED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIZED TO THE SIGNIFICANT CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URREO. (Enter nature of injury in Part I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PL	ory, street, office bldg., etc.)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	19 to 10c. 11 19 6, that (1) (we) last
	it death occurred at S.M., from the causes and on the date stated above
22a. SIGNATURE	22b. OATE SIGNEO
	D. PHYS. OIRECTOR PHYS.   12/11/66
22c. PHYSICIAN'S M.	D. PHYS. OIRECTOR PHYS. 12/11/06
NAME (Type)	
NAME (Type) Issam F. Damalouji	Prince Frederick, Maryland
23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify)	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify)  Dec.14.1966 Arlington No	ational Cem Arlington Va.
24. FOWERAL DIRECTOR ADDRESS	25a. REC'O BY REGISTRAR   25b. REGISTBAR'S SIGNATURE
Mulchins Juneal Homowings, Mary	rland OATE DEC 1 1000

VR A15 (4)

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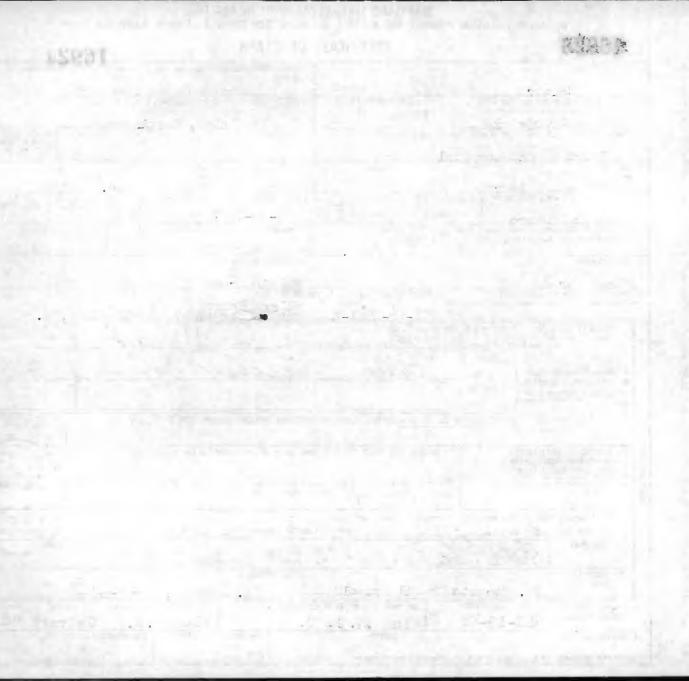
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16926 CERTIFICATE OF DEATH CN death. pup 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) campletely filled in by the funeral ave carban papers. Pages 1 and 1. PLACE OF DEATH b. COUNTY a. COUNTY o. STATE MARYLAND Cal vert ofter Maryl and Calvert b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If guitside corporate limits, write RURAL and give nearest town) Prince Frederick
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Plum Point, Huntingtown e. IS RESIDENCE ON A FARM? d. STREET ADDRESS YES X NO Calvert County Hospital 4. DATE Month Doy Year Middle Last 3. NAME OF Wit OF DECEASED DEATH event, (Type or print) Parran. Laura IF UNDER I YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 9. AGE (In years S SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** remove last birthday) Months Days Hours 3-10-1897 WIDOWED DIVORCED ond in any 60 Female Negro guo 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done COUNTRY? rending physician c mire Then please of remaval, and in INDUSTRY during most of working life, even if retired) Maryland HSWf 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Nellie Gross Harrod T.em 16. SOCIAL SECURITY NOT B 17. INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na. ar unknown) (If yes give wor ar dates of service) Wilson Parran 212-56-05/11-1 Huntingtown Md. signed by the atter burial-transit perm burial, crematian, o INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. DUE TO Conditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying cause DIRECTOR: After this certificate has been d far use as the of Health priar to WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) be detached State Dept. c 20e. PLACE OF INJURY (Home, form, (City or fown) (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year factory, street, office blda. etc.) Not While Haur o.m. at wark at work 21. I certify that (1) (this hospital) attended the deceased from director, page 3 should should be filed with the and that death accurred at M. fram causes and on the date stoted above. 1966 saw the deceased alive on. 22b. DATE SIGNED 22p. SIGNATURE **ATTENDING** STAFF M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S FUNERAL NAME (Type) Dr. Roberto De Villarreal Leonard .- Maryland 23b. DATE THEREOF 22 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) Calvert Md. Plum PT. C. C. Plum P.T. 12-19-66 0 25b. REGISTRAR'S SIGNATURE 25g. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 1966

VR A15 (4) 20 M 1/66

executed within 24 haurs after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be



Andreas Miller of the

6927 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Dept. at Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death, emilicate be executed within 24 haurs after death Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH ND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 AND RECORDS,

16096

	Item o, Pho	one U	SIT ILOW MILE	12/20/00	JMI		10	16:			
I. PLACE OF DEATH				2. USUAL RESIDENCE (	Where dece			nce befar	e admissio	on)	
a. COUNTY	Calvert		MARYLAND	o. STATE	vlar		UNTY	Col	vert		
b. CITY OR TOWN	(If autside corparate limits,	-	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou			URAL and air			_	
write RURAL o	nd give negrest town)									-	
	Frederick	- 1	1 day		ven,	North	Beac	n,	Mary		
d. NAME OF HOSP	TITAL OR INSTITUTION (If not	in hospital, g	ive street address)	d. STREET ADDRESS			. 1		e. IS RESID	ARM?	
Calver	t County He	ospit	a.l			(	24.1		YES 🗌	NO J	
3. NAME OF	First		Middle	Lost	4. DATE	Mo	nth	Day	Yeo	or	
(Type or print)	Cha	arles	Robert	Rock	OF DEAT	H Deceml	per li		19	66	
S. SEX		7. MARRIED		8. DATE OF BIRTH		9. AGE (In years	IF UNDER		IF UNDER	24 HRS.	
Mal -	Inflat to	WIDOWED	DIVORCED	D	1.	last birthday)	Manths	Days	Hours	Min.	
Male	White ON (Give kind of wark done		ND OF BUSINESS OR	Dec. 5. 19	and the same of th			ITIZEN OI	TANHAT		
during mast of working	g life, even if retired)	IN	DUSTRY					<b>OUNTRY?</b>			
attorn	еу	Dep	t. of Army	New Je	· · · · ·			U	SA		
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME						
Charle	s D. Rock			Gertrud	e Co	offerv					
IS WAS DECEASED E	VER IN ILS ARMED FORCES?	16. 9	OCIAL SECURITY NO. 17.	INFORMANT		Ad	dress				
(Yes, na, ar unknawn	(If yes give war or dates of s	ervice)	Mr	s. Katheri	ne F	lock.	(Same	1			
I to CAUSE OF	DEATH (Enter poly and source	- or line for		D. Hadioi A	110 1	toon,	( Dedito		ERVAL BET	TATEEN	
	DEATH (Enter only one couse ATH WAS CAUSED BY:	per line for	Q.	7 1 0	(				SET AND D		
1100	IMMEDIATE CAUSE (o	, –	sonary 0	cecen	4	7n_+			_		
420	DUE TO	)									
Conditions, if any, which gave (b)											
Insertal immediate cause (a).  Stating the underlying cause DUE TO											
last.											
PART II. OTHER	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  19. WAS AUTOPSY PERFORMED?										
2								l v		NO F	
20a. ACCIDENT W	AS UNDERLYING	20h DE	SCRIBE HOW INJURY OCCURRED	(Enter nature of injury in	Part Lar P	last II of itom 19 )		1.		110 [-]	
OR CONTRIBUTION	IG CAUSE OF DEATH	200. DE.	SCRIBE HOW INJURY OCCURRED.	femal nothing of infinity in	runiur	un il di nem te.,					
	Y MEDICAL EXAMINER)										
20c. TIME OF IN	IJURY Manth, Day, Year			ACE OF INJURY (Home, farm ctary, street, office bldg., etc.		(City or town)	(Co	ounty)	(	Stote)	
E 1001	a.m. 19	While of work		citary, silver, office biog., etc.	,	In /		11			
21 L cer	21. I certify that (I) (this haspital) attended the deceased from 12/1, 1966, to 18, 1965, to 1967 (I) (we) last										
	deceased alive on	2/4	19 66 and the	at death accurred at		M, fram cause					
22g. SIGNATUR		1						DATE SIGN			
	K94+ 100	111	10	I.D. PHYS.	MED. DIRECTOR	STAFF PHYS.	7	2/0	1.	6	
22c. PHYSICIAN	is AUCER	100		22d. ADDRESS	DIRECTOR	T Fills:		1	100		
NAME (Typ	. //	Men	ms. M. D.		inat	own. Ma	a Frence	nd '			
	Tueorge of										
23o. BURIAL, CREMA?  REMOVAL (Speci		EOF//	23c. NAME OF CEMETERY OR			LOCATION (City)or	en 11.	(County	(5	itote)	
Scientific	Two fals 12	2/4/64	Deorgelon	in Universit	4	Maski			. C		
24. FUNERAL DIRECT	TOR V	/ ?	ADDRESS V		BY REGIS	STRAR 2Sb.	REGISTRAR'S	SIGNATU	RE		
				DATE	FC 7	1966	Ville	22/2	· Qued	Lap.	

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# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Hen these remove carban papers. Pages 1 and should be filled with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death Page 4 may be retained by the hospital or attending physician. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

		16928	CERTIFICATE	OF DEATH	1	£02	ß					
		PLACE OF DEATH b. COUNTY		n STATE	Where deceased lived, if institution b COUN	TY		nissian)				
	- 5	Calvert  CITY OR TOWN (If autside carparate mits,	MARYLAND  c. LENGTH OF STAY IN 16		yland		vert					
	D.	write RURAL and give neorest town) rince Frederick		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
	_	NAME OF HOSPITAL OR INSTITUTION (If mat in has	7 days	Lusl	оу		1 e 15	RESIDENCE				
73		alvert County Hospi		V SIRCEI ADDRESS				RESIDÊNCE A FARM? NO 📆				
	3	NAME OF First	Middle	Last	4. DATE Mont	1	Day	Year				
	- {	Type or print)  David	Levinson	Rose	OF DEATH 12	)	7	19 66				
	5 5	EX 6. COLOR OR RACE 7 MAR		DATE OF BIRTH	9 AGE (In years	Manths 1	YEAR IF U	NDER 24 HRS				
	1	Male White WIDO	OWED DIVORCED	8-19-98	lest antiday)	MUFITI'S	Days Hu	ni? Wilii				
	10a	USUAL OCCUPATION (Give kind of work done	IOD KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County	& State, or fareign country)	12. ( T 2	EN OF WHA	NT .				
4		ng most of warking life, even if retired) tometrist-retired	THE CONTROL OF THE CO		ylvania		U.S.	Α.				
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	VAME							
		William Abraham Ro	SO	Ida Lev:								
	IS.	WAS DECEASED EVER IN U.S. ARMED FORCES? s. na. ar unknawn). [(If ves aive war ar dates of service)	16 SOCIAL SECURITY NO. 17. I	NFORMANT	Addre							
		WILLIAM ADPANAM KO WAS DECEASED EVER IN U.S. ARMED FORCES? s, na, ar unknawn) (If yes give war ar dates af service)	578-46-1864 Jo	sephine Re	ose Lus	by, I						
		18. CAUSE OF DEATH (Enter only one couse per li- PART I, DEATH WAS CAUSED BY:	ne for (a), (b), and (c).)	shul io				BETWEEN ND DEATH				
		IMMEDIATE CAUSE (a)	Hooli	135.170.00								
		Can laborate of a second bush a second	Caranan	28.8. uns di	•	1						
		rise to immediate cause (a), ( Dur to										
		stating the underlying couse (c)				}						
		DATE IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO REATH BUT NOT PERATED TO THE TERMINAL DISEASE CONDITION CIVEN IN BART 1/A). 10 WAS A TORY										
٨	FICATION	PERFORMED?  YES NO FI										
	ZEE	20g ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.)										
	L CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
	MED.CAL	The state of the s		E OF INJURY (Hame, farm ary, street, affice bldg , etc.)		(Coun	ity)	(State)				
	W	p.m. 19	at wark 🔲 at work 🔲									
		21 I certify that (I) (this hospital) of	ottended the deceosed from $N$	ovember 301	9 66, to Dec. 7	, 19 <u>6</u>	6, that 1	l) (we) las				
		saw the deceased olive an Dec	7, 19 <u>66, and that</u>	t death occurred at,	LL:30 8M, from couses			ated above				
i		220. SIGNATURE	1M 26		MED. STAFF		TE SIGNED -7-66					
,		22c. PHYSICIAN'S	M.C. W.C.	22d ADDRESS	DIRECTOR L. PHYS. L.		1-00					
/		NAME (Type) Issam F. el	Damalouji, M.D		e Frederick,	Mar	yland	à				
	23a	BUR AL CREMATION. 235 DATE THEREOF	23c NAME OF CEMETERY OR C		23d 2(A 7h 'y		(gunty)	(State)				
		REMOVAL (Specify) 12/9/66			rk Cem. Fall							
	24	ELINERAL DIRECTOR	ADDRESS			GISTRAP'S SIG	NATHRE	ulat.				
		D.H. Hunes Cr	wash. E	DATE	DEC 9 1866	fina	res	A. S. C.				

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, Info rmation from bo PRESTON STREET, BALTIMORE, MARYLAND 21201 birth cert. 16929 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where decreased lived at institution Residence before admission p COUNTY o STATE h COUNTR and 3 ta P.M.3 Page delay is e State Department of 72 haurs after death. MARYLAND C LENGTH OF STAY-IN TO c THY OR TOWN (If outs de corporate limits, write RURA, and give nearest town) DWN (If outside corporate limits write R. RAL and g nearest town e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR ANST TUTION (f not in hosp to give street oddress) d STREET ADDRESS haurs in pencil in Item 18. Give Pages 1, Office along with farm YES NO This certificate should be executed within 24 hours after death 3 NAME OF First elbb-M DATE Month Doy OF DECEASED the 2with the (Type or pnnt) ruce DEATH S SEX (In years IF UNDER 1 YEAR IF UNDER 4 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 4 lost byrthdoy) Months Days Hours Min Jan.5.1965 D YORCED WIDOWED t oug! KIND OF BUSINESS OR 10b BARTHPLACE (State or fareign count) 12 CITIZEN OF WHAT 10o. USUAL OCCUPATION Give kind of work done eve during post of working life, even it (et.red) INDUSTRY COUNTRY? ony Examiner's pages 13 FATHERS NAME MOTHER'S MA DEN NAMI Ξ. <u>ه</u> gud WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO permit. (Yes, no, or unknown) (If yes give wor or dates of service the Chief Medica ar remaval, "pending" CAUSE OF DEATH (Enter only one couse per line for the PART DEATH WAS CAUSED BY INTERVAL BETWEEN ond (c) burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) wr ting the word burial, crematian, **DUE TO** Conditions, if ony, which gave rise to immediate couse (a) farwarded to DUE TO stoting the underlying couse o as last. nsed S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ITO WAS AUTOPSY PERFORMED? necessary, please execute the certificate, NO CERTIFICAT 90 Page 4 shauld be 200 EXTERNAL CAUSE WAS Enter notate of mury in Port I or Port I of Jem 181 agent, prior FUNERAL DIRECTOR: Page 3 should PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH 2De PLACE/OF INJURY (Home form 2Df ounty) TIME OF INJURY Month, Doy, Year for your of work its designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinion the funeral directar death resulted frame Natural tauses Accident Suicide Hamicide Undetermined manner may be retained CHIEF MEDICAL EXAMINER TO DEPUTY ME ACTUAL 22. DATE SIGNED SIGNATURE Health or DEPUTY MEDICAL EXAMINER **EXAMINER'S** 

50

VR A15ME (5)

NAME (Type)

BURIAL, CREMATION,

REMOVAL (Specify)

NERAL DIRECTOR
Pinkney E.Sewell Prince Frederick-Md 24 FUNERAL DIRECTOR

25-25-BER

on Hill

NAME OF CEMETERY OR CREMATORY

LOCATION (City or Town)

(County)

Lusby REC'D BY REGISTRAR 250

Address (Street, city, town, or county)

REGISTRAR'S 2Sb.

196b

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death 1f any delay is necessary, please execute the certificate, writing the word "pending" in penal in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3 Page

#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, Information from bir 301 th W. PRESTON STREET, BALTIMORE, MARYLAND 21201

STATE			16930	MEDICAL EXAMINER'S	CERTIFICATE OF I	DEATH 11	0928
TH DEPT.			PLACE OF DEATH				ion/Residence before odmission)
Page tent of death.			o county (arbent	MARYLAND	o STATE	cd b cour	Coeluca
9 0			write RURA, ood give neorest town)	c LENGTH OF STAY IN 16	c CITY OR LOWN ( F outside	Corporate limits, write RUS	RAL and give neorest town)
PM3 portm after			The state of		fust.	7	2 41
Dep rs d	1.1		NAME OF HOSPITAL OR INSTITUTION ( Frot in	hosp to give street oddress)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?
for te	7						YES NO
with very second			NAME OF DECEASED (Type or print)	e //ensie	111	DATE Mont OF DEATH / 2	b Doy Year
along with 1		_		MARRIED NEVER MARR ED	8 DATE-OF B RTH	9 AGE (In years	IF UNDER 1 YEAR   FUNDER 24 HRS
B 3 7	4		71	WIDOWED D VORCED	Wel 9/6	3 last birthdoy)	Months Doys Hours Min
Offic land ever			USUA JOCCL PATION (Give kind of work done ing mark of work paties even if retired)	10b KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or to	ore gn country,	12 CITIZEN OF WHAT COUNTRY?
pages In ony		13	FATHER'S NAME		14 MOTHERS MAIDEN NAME		
Exomin File par and in			Manne ( 6	Heward &	Heren	Chips	
cal Ex-		15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dates of sei	16 SOCIAL SECURITY NO 12	Auriel (	Address Address	7
Medical it permit. removal,		_	18 CAUSE OF DEATH (Enter only one couse p	1/1	*	- X-UAC	- INTERVA, BETWEEN
ef A Isit r rei			PART I. DEATH WAS CAUSED BY	Lieber College	w du	0 /2 -	Caraco ONSET AND DEATH
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should files. 3 shoul int, prik		MEDICAL	20c TIME OF INJURY Month Dgy, Year	20d IN. LRY OCCURRED - 20e PLA	CF OF NJURY (Home, form	20f (CM or town)	((genty) / (State)
pe 4 sh /our fil age 3 s	1	MEC	67/ am /2/2× 182/	of work of work	ow, street, of ce b dg_etc)	Listy -	talent 1641
51 ~ F 6			21 I certify that I taak charge o		ld an Autapsy ir	rspection Inqu	ury , and in my opinion
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Te Company			ACTUAL SIGNATURE	Ward	M DASSISTANT_MEDICAL	EXAMINER .	22 DATE SIGNED
unero y be NERAL			EXAMINER'S		DEPUTY MEDICAL EX		124/66
e funeral may be ra FUNERAL safth ar it			NAME (Type)		Address (Street, city		7/6
the function of the function o		230	REMOVAL (Specify) 23b DATE THEREC	1511 /	CREMATORY	23d LOCATION (City or To	
(hum			12-24-1		100 0000	1- 415 to 4	CUL INA
VR A15ME (5	1	24	FUNERAL DIRECTOR	ADDRESS	WAS DATE CO BY	REGISTRAR 255 RE	GISTRAR S SIGNATURE
6M 1/66			Tentury ( welth	Jaime Frederick	MAG DATE		The state of the s

## FOR STATE HEALTH DEPT.

any delay is

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, ar removal, and in any event within 22 hours ofter death.

VR A15ME (5)

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farworded to the Chief Medical Examiner's Office along with farm. PM3 Page

This certificate should be executed within 21 homs after death. If

TO DEPUTY MIDMAN EXAMINER:

the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	16931 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1693	29
1	PLACE OF DEATH  O COUNTY  COUNTY  MARYLAND  2. USUAL RESIDENCE Where deceosed ved, if institution Residence of COUNTY  D COUNTY  RESIDENCE Where deceosed ved, if institution Residence of COUNTY  D COUNTY  RESIDENCE Where deceosed ved, if institution Residence of COUNTY  D COUNTY  RESIDENCE Where deceosed ved, if institution Residence of COUNTY  D COUNTY  RESIDENCE Where deceosed ved, if institution Residence of COUNTY  D COUNTY  RESIDENCE Where deceosed ved, if institution Residence of COUNTY  D COUNTY  RESIDENCE Where deceosed ved, if institution Residence of COUNTY  D COUNTY  RESIDENCE WHERE DECENTION RESID	licel
	b CHY OF TOWN (If autorite carparate limits write RURAL and give hearest town)  C LENGTH OF STAY IN 16  C CHY OR TOWN (If autority corporate limits write RURAL and give hearest town)	ve nearest tawn)
	d NAME OF HOSPITAL OR MISTITUTION (If not in haspital give street address) d STREET ADDRESS	e S RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print) First Middle Last OF DEATH /2	Doy Year 2 4 19 6
S	SEX   6 CO.OR OR RACE   7 MARR ED   NEVER MARRIED   B BATE OF BIRTH   9 AGE (In years   IF UNDER Months   Month	Days Hours Min
		IT ZEN OF WHAT OUNTRY?
1	3 FATHERS NAME TO THE STANDEN VIAME	
1	IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates af service)  16 SOCIAL SECURITY NO 17 INFORMANT Address	
	18 CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  THE CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c).)	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gave (b) April Army days (b) April Army Conseta immediate cause (a), (b) April Army Conseta immediate cause (a), (b) April Army Conseta immediate cause (a), (c) April Army Conseta immediate (a), (c) Army Conseta	
	stating the underlying cause lost.  Due to like underlying cause (c)	T10 1445 th 7000
CERTIFICATION	PART I OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART I(0)	19 WAS ALTOPSY PERFORMED? YES NO
MEDICAL	20c, TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED - 20g PACE OF INJURY (Home form, Hour arm / 2 / 2 / 2 / 19 66 at work of work	alust lyp
	21. I certify that I taok charge of the remains described above, held on Autopsy Inspection Inquiry	and in my apinian
	death resulted frame Natural causes   , Accident & Suicide   , Hamicide   , Undetermined manner   CHIEF MEDICAL EXAMINER	
	SIGNATURE ACTUAL SIGNATURE MD ASS STANT MEDICAL EXAMINER	22. DATE SIGNED
-	EXAMINER'S NAME (Type)  DEPUTY MEDICAL EXAMINER Address (Street, city town, ar county)  / 2	124/68
	30 By al (REMATION REMOVAL (Specify) 23b DATE THEREOF 23c NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) Lusby	(County)* (State)
	Pinkney E. Sewell Prince Frederick-Md. 250 REGISTRAR 250 REGISTRAR'S	SIGNATURE
1	Pinkney E. Sewell Prince Frederick-Md.   Wife	

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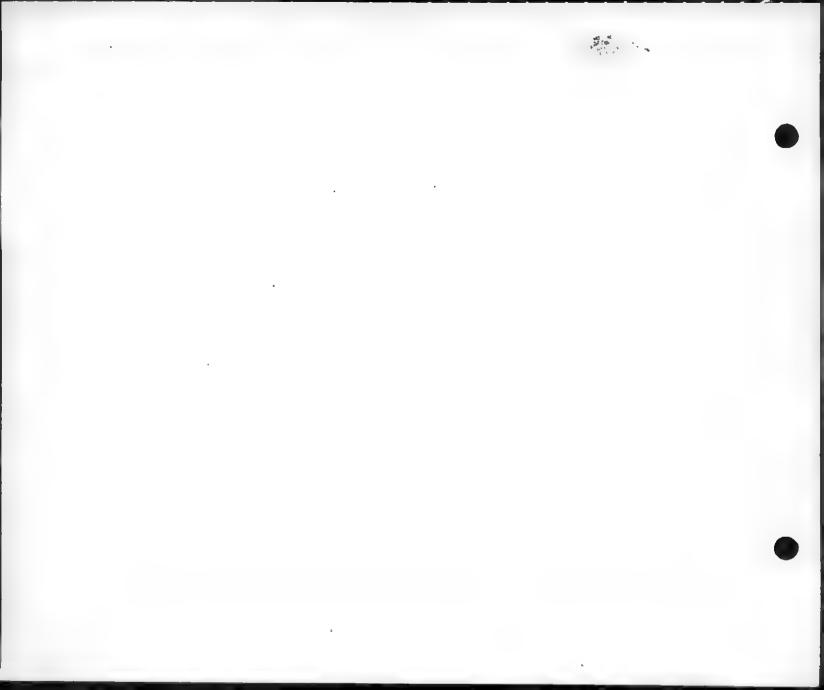
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Information EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, funst tution, Residence before admission O COUNTY b COMNTY o STATE Page delay 15 0 MARYLAND Deportment b CITY OR TOWN (If outside corporate limits c LENGTH OF STAY IN 1b c CITY OR TOWN (1 outs de corporate limits write RORAL and give nearest town) ond PM3 write RURAL and give nearest town) d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d. SPREET ADDRESS e IS RESIDENCE ON A FARM? hours form Stote [ pencil in Item 18. Give Pages NO DICAL EXAMINER: This certificate should be executed within 24 hours after death Office along with 3 NAME OF First Middle DATE Month Dov Year DECEASED OF Withur (Type or print) DEATH SEX AGE (In years IF UNDER 1 YEAR F UNDER 24 HRS 6 COLOR OR RACE 7 MARRED NEVER MARRIED last by didoy) Hours Min DIVORCED WIDOWED #ven# N OMIC 100 US JAP OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during for of working life even if returned INDUSTRY COUNTRY? Olly Indical Exomner's 13 FATHERS NAME MOTHER'S MAJDEN NAME  $\subseteq$ EI e and WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 **INFORMANT** I L (Yes, no, or unknown) (fiyes give wor or dates of service) or removal, pending CAUSE OF DEATH (Enter only one couse per line for (o), (b) INTERVAL BETWEEN **■urial-tronsit** ONSET AND DEATH farwarded to the Chief PART | DEATH WAS CAUSED BY MMEDIATE CAUSE (g) please execute the certificate, writing the word cremation, DUE TO Conditions, if any, which gove rise to immediate couse (a), DUF TO stating the underlying couse rast SD burial, nseq WAS AUTOPSY PERFORMED? PART I OTHER MIGHIELANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM HAL DISEASE CONDITION GIVEN IN PART 1(6) NO. pe CERTIFICAT prior to should be 200. EXTERNAL CAUSE WAS 20b DESCRIBE AGW-INJURY OCCURRED. (Enter nature of involve in Part I or Port 14 of tem 18) 3 shoull PRIMARY OF CONTRIBUTING CAUSE OF DEATH ogent, MEDICAL 20c, TIME OF INJURY Month, Doy, Year 20e PLACE OF HOJYRY (Home form LESTY or toryn (County) Pag≡ 4 Hour o.m. While Not While may be retained for your FUMENAL MIRICTOR Page ot work of work its designoted 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my apinian Inspection the funeral director. Natoral causes, death resulted from: Suicide Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER. SIGNATURE TO DEPUTY necessory, ō DEPUTY MEDICAL EXAMINER **EXAMINER'S** TO FUN. Health o NAME (Type) Address (Street, city, town, or county) 230 BURYAL, CREMAT ON, REMOVAL (Specify) DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 24 FUNERAL DIRECTOR REC D BY REGISTRAR 25b. REGISTRAR S SIGNATURE

VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution: o. COUNTY b COUNTY P.M3. Page State Department of delay is 2, and 3 to haurs after death. MARYLAND b CITY OR LOWN (If a riside corporate I mits. c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside preparate in its write RURAL and give negrest town wr te RURAL and gove nearest tawn) 22 d NAME OF HOSP TAL OF INSTITUT ON (If not in hospital, give street address) e IS RESIDENCI ON A FARM d STREET ADDRESS n Item 18. Give Pages 1, 's Office along with farm YES NO ges land 2 with the Standard any event within 72 3 NAME OF Middle DATE First Month DECEASED (Type or print DEATH SEX 6 COLOR OR RACE 7 MARRIED AGE (In years IF UNDER 1 last durthday) WIDOWED DIVORCED pages land 2 10a LSUN OCCUPAT ON (Give lend of work di 10b K ND OF BUSINESS OR (State or foreign country) 12 CIT ZEN OF WHAT NDUSTRY/ COUNTRY? Chief Medical Examiner 13. FATHER'S NAME MOTHER S MA DEN NAME be exercted within in pencil Ξ FIIe ond WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY NO permit. 'pending' i remayal. (Yes, no, or unknown) (If yes give war or dates of service CAUSE OF DEATH (Enter only one couse per INTERVAL BETWEEN transit PART I DEATH WAS CAUSED BY ONSET AND DEATH Б IMMEDIATE CAUSE (o) certificate should writing the ward Ilurial, cremation, the priid Conditions, if any, which gove nse to immediate cause (a), the funeral director. Page 4 should be forwarded to DUE TO o stating the underlying couse GIS. lost. rsed OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY CERTIFICATION PERFORMED? necessary, please execute the certificate, NO 0 pe 200. EXTERNAL CAUSE WAS 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 shauld theath or its designated agent, priar SCRIME HOW INJURY OCCURRED (Enter Mature) or Part-17 of Item 1B) PRIMARY CONTRIBUTING OTCAL EXAMINER: CAUSE OF DEATH TIME OF INJURY Month, Day, Year OF INJURY (Hame, farm 20f lactory, street off ce bidg , etc ) Not While at wark 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion Inquiry death resulted from: Natural causes Suicide Agtident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 230 BURNAL (REMATION, 12-26-66 23c NAME OF CEMETERY OR CREMATORY 23d. JOCATION (City or Town) 4 (County) (State) REMOVAL (Specify) Zion Hill cC. Lusby Cal. Ma Prederick-250 REC D BY REGISTRAR 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE 25b Pinkney E. Sewell VR A15ME (5) 6M 1/66 DATE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Information from birth cert. 16934 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH Residence Before admissian 2 USUAL RESIDENCE (Where deceased yed, if institution, o COUNTY o STATE h COUNTY Page ō death. MARYLAND delay Department OR TOWN (If putside corporate limits, CLENGTH OF STAY IN 1b TUWN (If outside rporate mits write RuRAL and a ve nearest town) 2, c. p.m3. write RURAL and give nearest town) ofter ( S RESIDENCE ON A FARM? d NAME OF HOSPITAL OF INSTITUTION (If not in haspital, give street address) d STREET ADDRESS Since. Office along with farm 8 G've Pages ate YES NO 24 hours after death MiddleC NAME OF DATE Manth Doy DECEASED 0F the (Type or print) DEATH within with S. SEX 6 COLOR-OR RACE AGE (In years IE UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED Months Days Hours WIDOWED DIVORCED event pencil in Item 1 c\ land IDa USUAL OCCUPATION (Gwerk nd of work dene 1Db K ND OF BUSINESS OR BIRTHPLACE 12 CT ZEN OF WHAT COUNTRY? NDUSTRY any ward "pending" in pencil in the Chief Medical Examiners pages MOTHER & MA DEN NAME 13. FATHER This certificate shauld be executed with n 14 Ξ FI e pup INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO perm t. remayar, (Yes, no. a. 18 CAUSE OF DEATH (Enter only one cause per line INTERVAL BETWEEN burial-trans # ONSET AND DEATH PART I. DEATH WAS CAUSED BY P IMMEDIATE CAUSE (o' writing the ward cremation, DUE TO Conditions, if any, which gave nse to immediate cause (a) 4 shauld be farwarded ta DUE TO stating the underlying couse o used as burial, c lost. S GNIFICANT COND TONS CONTRIBUTING TO DEATH BUT NOT WAS AUTOPSY PERFORMED? RECATED TO THE CERTIFICATION the certificate, prior ta NO þe 2Do- ÉXTERNAL CAUSE WAS 20b. DESCRIBE HOW. INJURY OCCURRED TEnter nature of mury in Part Var Part 3 should PR MARY DIG CONTRIBLE NG OTCAL EXAMINER: CAUSE OF DEATH O FUNERAL DIRECTOR: Page 3 shr Health ar its designated agent, MED CAL 20d INJURY OCCURRED 2De PLACE OF NJURY (Hame 2Dc. T MF OF INJURY Manth, Day, Year Kity ar County (Stote) Whi e may be retained for your FUNERAL DIRECTOR: Page Page at wark at wark necessary, please execute I certify that I took charge of the remains described obove, held on Autopsy Inspection **Inquiry** and in my opinion the funeral director. deoth resulted from: Notural causes Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER O DEPUTY ME **ACTUAL** DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL FXAMINER EXAMINER'S NAME (Type Address (Street, city, town, of county) 23b. DATE THEREOF BURNAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23a 23d LOCAT ON (City or Town) (County) (State) 12-26-66 REMOVAL (Specify) Cal Md Zion Hill C.C Lusby 24 FUNERAL DIRECTOR , REC D BY REG STRAR 25b. REGISTRAR S SIGNATURE Pinkney VR A15ME (5) 6M 1/66



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1V1 CERTIFICATE OF DEATH funeral and 2 r death. death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY by the finance 1 are after or hours after Calvert Maryland Calvert MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) iding physician and completely filled in by Then please remove earbon papers. Pag removal, and in any event, within 72 hours Huntingtown Huntingtown 10 years d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? NO DEN YES executed within 3. NAME DF DATE Month Year First Middle Last 4. DECEASED BELL DEATH Dec. 18 19 66 (Type or print) DORA WALLACE 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) | Months | Days Hours Sept.14, 1884 Female White WIDOWED E DIVORCED T 82 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA Housewife Domestic Tennesse PHYSICIAN: The law requires that the death certificate legistal or attending physician. 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending ph Edwin Miller Harriett Guinn 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address this certificate has been signed by the atten detached for use as the burial-transit permit. e Dept. of Health prior to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) 215-54-8238 Mrs. Louise Kirby Huntingtown. Maryland INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO (a), stating underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES [ NO F PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING [ DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MIDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Home, farm, ) (State) 20f. (City or town) Page 4 may le letano......TO FUNERAL DIRECTOR: After the director, page 3 should be de director, filed with the State factory, atreet, office bldg., etc.) be de State Hour a.m. Not While While OR ATTENDING at work 19 1949 19 65 that (I) (we) fast 21. I certify that (I) (this hospital attended the deceased from and that death occurred at 1. PM. from the causes and on the date stated above. saw the deceased alive ob SIGNATURE 22b. DATE SIGNED 22a. ATTENDING PHYS. DIRECTOR M.D. O HOSPITAL PHYSICIAN'S 22d. ADDRESS NAME (Type) Huntingtown, Maryland Weems BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 2 1966 Miranda Memorial Cemeter Muntingtown. Burial Calvert Co.Md. REC'D BY REGISTRAR 24. FUNERAL, DIRECTOR 25b. REGISTRAR'S SIGNATURE om Owings, Maryland VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH 16336 OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE Calvert Marvland MARYLAND c. LENGTH OF STAY IN 1b Huntingtown days

a. COUNTY b. COUNTY Calvert b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and givenearest town) Prince Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Calvert County Hospital NO X NAME OF 3. First Middle Last 4. DATE Month Day Year DECEASED 1966 DF DEATH 12 Wallace (Type or print) Robert 6. COLOR OR RACE | 7. MARRIED SEX AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH NEVER MARRIED last birthday) Months 0ays Hours 4-2-18 Male WIDOWED DIVORCED Negro 10a. USUAL OCCUPATION (Give kind of work done ) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) U S A INDUSTRY Maryland U.S. Gov. ahorer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Chairty Monnett Joseph Wallace

15. WAS DECEASED EVER IN U.S. ARMED FDRCES?
(Yes, no, or unknown) (If yes give war or dates of service) 17. INFORMANT 16. SDCIAL SECURITYND. Address Huntingtown. Md. Bertha Wallace 214-16-38 18. CAUSE OF DEATH [ Enter only one cause\_per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **OUE TO** Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. PERFORMED? YES NO [ 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 1) of Item 18.) MEDICAL 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work 21. I certify that (I) (this hospital) attended the deceased from Sent. Dec. 11 19 66, that (I) (we) last 156 to 19 66 saw the deceased five on Dec and that death occurred at 150 M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING 12-12-66 M.D. DIRECTOR PHYS. PHYSICIAN'S NAME (Type) 22c. ADDR ESS 22d. George Weems. M.D. Huntingtown, Maryland BURNAL, CREMATION. (State) DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)

director, p REMOVAL (Specify) 2-14-66 1) runce C FUNERAL DIRECTOR ADDRESS 25a. 24. 1966

opral 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR Charles

VR A15 (4) 20M 1/65

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TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit.

O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. The bages 1 and 2 with the State Department of Health ar its designated agent, priar to burial, cremation, ar removal, and in any event within 72 haurs after death.

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page

This certificate should be executed within 24 hours after death. If

TO DEPUTY MESTAL EXAMINER:

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16937	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	16035
1. PLACE OF PEATH O. COUNT CELLET	MARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE	b. COUNTY Residence before admissions
b. CHY OR TOWN (If outside corporate limit write RURAL one give negrest town)	ts, c. LENGTH OF STAY IN 1b	c CITY OR TOWN (If outside comporate I	imits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (IF I	at in haspital, give street address)	d. STREET ADDRESS	e is residence on a farm? yes \ no
3. NAME OF DECEASED (Type or print) Wheels	er Middle Wa	Clark OF DEATH	Month Doy Year /
S. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8 DATE OF BIRTH 9. A	GE (In yeors of UNDER ) YEAR 1 IF UNDER 24 HRS.  St birthdoy) Months Doys Hours Min.
IDo. USUAL OCCUPATION (Give kind of work done ducing mest of porting life even if retired)	IDB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or toreign count	ry) 12. CITIZEN OF WHAT COUNTRY?
13 FATHER'S NAME Wals	kins	14. MOTHER'S MAIDENNAME 4	luthryline
(If yes give wor or dotes		information with the W.	Address
18. CAUSE OF DEATH (Enter only one collection of the part I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE  7824 DUE	(a) Cardine	author the	INTERVAL BETWEEN THIS ET AND DEATH
Conditions, if any, which gove	(b) E TO		
PART AL OTHER SIGNIFICANT CONDITIONS OF	CONTRIBUTING TO DEATH BUT NOT RELATED TO	ance The liones	PERFORMED?
2Do. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	died silly	(Enter noture of injury in Part I or Port II	of item 18.)
20c. TIME OF INJURY Month, Doy, Yeor Hour on 19 19	While - Not While - I fact	CE/OF INJURY (Home, form, Inv. stroot office bldg., etc.)	refract televat my
	e of the remains described above, he al-causes Accident . Suic		, Inquiry , and in my opinion termined manner
ACTUAL SIGNATURE	Ward	CHIEF MEDICAL EXAMINER	22. WATE SIGNED
EXAMINER'S NAME (Type)	(	DEPUTY MEDICAL EXAMINER Address (Street, city, Iown, or	
	6- 66 Coopers C.C	em. Dunki	
Pinkney E. Sewel	ll Prince Frederic	ck, and 250 REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE

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